



June 1, 2017  
Behavioral Health Advisory Board  
Meeting Minutes

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**MEMBERS PRESENT**

Joel San Juan – District 1  
Rebecca Hernandez, 2<sup>nd</sup> Vice Chair – District 2  
Jenifer Mendel, Member-at-Large (ADS) – District 2  
Colin MacKinnon – District 3  
Ed Weiner – District 3  
Jerry Hall – District 4  
John Sturm, 1<sup>st</sup> Vice Chair – District 4  
Judith Yates, Member-at-Large (MH) – District 4  
Phil Deming, Chair – District 5  
Dana Hamilton – District 5  
Richard McGaffigan – District 5  
K.C. Strang – District 5

**MEMBERS NOT PRESENT**

Eyra Leeper – District 1  
Carmelita Trujillo – District 1  
Michael Matthews – District 2  
Deanne George – District 3  
Tom Behr – District 4

**STAFF TO THE BEHAVIORAL HEALTH ADVISORY BOARD**

Dr. Michael Krelstein, Clinical Director, County Behavioral Health Services (BHS)  
Traci Finch, Principal Administrative Analyst, County Behavioral Health Services  
Philip Ainsworth, Administrative Analyst I, County Behavioral Health Services

**I. CALL TO ORDER**

The Behavioral Health Advisory Board (BHAB) meeting was called to order by Phil Deming, Chair, at 2:33 p.m. at the County Administration Center, 1600 Pacific Highway, San Diego, California 92101, Room 302/303.

**II. INTRODUCTION OF BOARD MEMBERS**

Members of the BHAB introduced themselves.

**III. APPROVAL OF THE MINUTES – MAY 4, 2017**

ON MOTION of John Sturm, seconded by Jenifer Mendel, the BHAB approved the minutes of May 4, 2017, as written.

AYES: 10   NAYS: 0   ABSTENTIONS: 1

**IV. PUBLIC COMMENT**

Marie Sanabria came before the BHAB as a concerned citizen to talk about her daughter's mental health crisis. Ms. Sanabria expressed her dismay to the presentation given in May to the BHAB by Family Health Centers of San Diego. She questioned why Medication Assisted Treatment is their standard of care vs. cognitive therapy. In the case of her daughter, she stated that medication such as Adderall has destabilized her daughter and she believes has attributed to eight hospitalizations due to anxiety, three incarcerations, and most recently an arrest warrant. Ms. Sanabria also expressed her concern that while an inpatient client, drugs were given to treat her daughter's mental illness to the point of sedation, rather than finding the cause of her anxiety or any cognitive awareness. As a result, she feels her daughter could not be properly evaluated by the Competency Board who only reviewed her current sedated state

and not the case history. This standard of care has been extremely difficult for Ms. Sanabria who has had to see her daughter go through this mental health crisis which she believes could have been avoided.

- Dr. Michael Krelstein, as Clinical Director, offered to speak to Ms. Sanabria at the conclusion of today's meeting.

**V. ACTION ITEM – Competitive Procurement of Child and Family Team Meeting Facilitators for Child Welfare Services, Behavioral Health Services, and Probation Board Letter – Yael Koenig, Deputy Director, Behavioral Health Services**

Yael Koenig reported that Child Welfare Services (CWS) will be taking an item to the Board of Supervisors on June 20, 2017 to request authorization to issue a competitive solicitation for Child and Family Team Meeting Facilitators to further implement the State of California's Continuum of Care Reform (CCR). Because Behavioral Health Services serves as a core partner in CCR, the item is coming to the Behavioral Health Advisory Board for their review and support.

CWS, BHS, and Juvenile Probation have worked together to meet the mental health and well-being needs of all system-involved youth by screening youth for mental and behavioral health concerns at the time of entry into the child welfare system, providing assessments and mental health services as needed. These collaborative efforts bring together the agencies, the youth, the family, and important people in the youth's life – collectively known as the Child and Family Team (CFT) – to make informed decisions about how to help the youth and family meet their behavioral health and well-being goals.

CCR is a continuation of California's ongoing system efforts to improve outcomes for youth in foster care. One of the CCR mandates includes the formation of CFTs to collaborate and make informed decisions at integral decision-making points in each case for all CWS and Probation youth who are removed from their homes.

Because of CCR mandates requiring CFT meetings for all out-of-home youth within specified timelines, the number of facilitated meetings is expected to increase by 800%. To accommodate this growth, CWS is requesting authorization to issue a competitive procurement for Child and Family Team Meeting Facilitators to integrate the efforts of CWS, BHS and Juvenile Probation.

**It is, THEREFORE, staff's recommendation that the Board support the Child Welfare Services request for authorization to issue a competitive solicitation for Child and Family Team Meeting Facilitators for Child Welfare Services, Behavioral Health Services, and Probation.**

**DISCUSSION:**

Clarification on how the 800% increase in the number of facilitated meetings was reached and whether the facilitators are social welfare professionals was requested.

- From current baseline to January 1, 2017, CWS looked at all youth currently served on an annual basis and then under the CCR mandates and identified any youth with an out-of-home placement. It is a requirement to have the CFT called together to discuss the out-of-home placement decision, and then every six months. In addition, for youth under the Katie A settlement agreement, there are 1000 needing to have CFTs on an annual basis, and then every 90 days.
- The facilitators for these meetings will be administrative, not social welfare professionals.

It was noted that this program has several funding sources and there was an inquiry as to what amount was from the Behavioral Health Realignment funds.

- \$1 Million.

Concern was expressed by a board member that the Board was voting blind due to the lack of metrics and vague information being provided. There was no follow-up discussion of this concern.

It was noted how each entity (Probation, CWS and BHS) has had to deal with individuals who are in need of these services, and now efforts are being combined to streamline dollars to provide these services in a more efficient way.

Positive feedback was provided on this recommendation from a consumer point of view.

THERE WAS NO FORMAL MOTION ON THIS ITEM; AYES/NAYS WERE COUNTED.

BHAB voted to support the Child Welfare Services request for authorization to issue a competitive solicitation, with discussion as noted above.

AYES: 10 NAYS: 0 ABSTENTIONS: 1

**VI. ACTION ITEM – Behavioral Health Services Authorization for Competitive Solicitations, Amendment of Contracts and Single Source Procurements/CalMHSA Board Letter – Melinda Nickelberry, Deputy Director, Behavioral Health Services**

In a series of actions since 1999, the Board of Supervisors has approved initiatives to redesign and implement an expanded continuum of comprehensive behavioral health care for children, transition age youth, adults, older adults and families. In pursuit of these initiatives, the Board approved the procurement of contracted services.

Approval of today's recommended actions authorizes competitive solicitations for new behavioral health programs and services, a single source procurement for a new behavioral health program and amendments to existing contracts to continue implementing and enhancing the delivery of behavioral health services in the San Diego region. These actions for services are as follows:

Competitive Solicitations for:

- a. Behavioral Health Services Biopsychosocial Rehabilitation Outpatient Clinics
- b. Full Service Partnership/Assertive Community Treatment Services
- c. Strength-Based and Institutional Case Management for Older Adults
- d. Tenant Peer Support Services
- e. Emergency and Transitional Shelter Beds (Bridge Housing)
- f. Mental Health Clubhouse
- g. Breaking Cycles Graduated Sanctions

A Single Source Contract with:

Vista Woods Health Association LLC, for 24-hour residential mental health program for clients with serious mental illness.

Contract Amendments for:

- a. Serial Inebriate Program
- b. Central East Regional Recovery Center

In addition, on March 11, 2014 (11), the Board authorized the Director, Health and Human Services Agency (HHSA Director), to sign a Memorandum of Understanding (MOU) with the California Mental Health Services Authority (CalMHSA) on behalf of the County, and authorized annual payments to CalMHSA for operating costs for Fiscal Years (FY) 2013-14 through 2016-17. Approval of this item will authorize the HHSA Director to extend this MOU, and authorize annual payments to CalMHSA for FY 2017-18 and 2018-19.

**It is, THEREFORE, staff's recommendation that the Board support the recommendations for procurement authorization for the listed services and extension of the CalMHSA MOU with the County and operating cost payments through Fiscal Year 2018-19.**

**DISCUSSION:**

In regard to funding for the mental health clubhouses, will four more clubhouses be added?

- No additions. Existing contracts are expiring and in order to move forward recommendation is to maintain existing programs, including: East Corner in El Cajon; Friend to Friend in Central Region; UPAC Eastwind in the Central Region, and Pathways Oasis for Transition Aged Youth.

Is the Tenant Peer Support Services (TPSS) an existing program?

- In support of Project One for All, TPSS is a new program being developed with the intent to provide housing navigation services and tenant peer support for clients who are homeless, with a serious mental illness, eligible for tenant-based subsidies and enrolled in outpatient mental health clinics. Support for how to address landlord-tenant related issues will be included in the Statement of Work.

There was a request for more information regarding the single source contract with Vista Woods Health Association.

- Vista Knoll is a Skilled Nursing Facility (SNF) in Vista which treats regular skilled nursing residents. It also has a Neurobehavioral Unit for persons with a traumatic brain injury and neurocognitive impairment. This program is an alternative to state hospital placements. On average BHS utilizes 20-23 beds annually.

There was a request for clarification on the continuation of annual payments to CalMHSA from BHS vs. CalMHSA to BHS.

- Through a joint powers authority, CalMHSA is a legal entity which functions on behalf of local government—in this case, the counties in California. This particular reference has to do with the purchase of state hospital beds from the Department of State Hospitals. CalMHSA is assisting in these negotiation efforts and the County is paying its portion for their overall efforts.

There was a request for clarification on the process for the authorization for issuance of competitive solicitations.

- This is an open competitive process where BHS will issue a Request for Proposals (RFP) and anyone can submit proposals.

What does Strength-Based mean for older adults?

- Strength-Based Case Management (SBCM) is a best practice that is used in San Diego and recognized nationally. It focuses on a person-centered approach with the client, with client directed services to support wellness and recovery, and care coordination.

What is the estimated fiscal impact for Fiscal Year 2018-19?

- \$32,985,565. The amount listed represents the total budget amount for all these programs. The amounts reflected in the actual board letter were the estimated contract costs based upon the current programs. Upon completion of the competitive process, amounts will be available on a program by program basis.

Will the number of emergency and transitional shelter beds increase?

- Not at this point; no new funding associated with these beds County-wide.

Can the Vista Knoll SNF be certified as a Special Treatment Program (STP)?

- Not at this time. The County has been working to develop a local resource, however, the cost of licensing and the type of monitoring is an issue. Current SNFs do not see this as a good business model due to the cost involved to convert beds for special treatment.

Discussion included an expression of concern regarding the fiscal impact of \$32M as it relates to supply and demand and a comment was made about MHSA funds, the lack of input from the board, and the difficulty in making informed decisions.

- The \$32M is already being spent to continue current programs and services.
- The MHSA fund balance is one time funding. Over the last two years BHS has been on track to spend down that fund balance. Once the funds are spent down it will no longer be available. Spending for the FY 2017-18 Operational Plan has been projected out and will reduce the fund balance leaving only a prudent reserve.

The Chair made a general request for clarifying acronyms when addressing the board.

Is the Breaking Cycles Graduated Sanctions Program part of East Mesa or Camp Barrett?

- No, those needs are being met through other contractors and services.

Relating to concerns expressed, it was suggested that a supply-and-demand review be added to the agenda for the October retreat.

ON MOTION of Joel San Juan, seconded by John Sturm, the BHAB voted to support the recommendations for procurement authorization for the listed services and extension of the CalMHSA MOU, with discussion as noted above.

AYES: 9 NAYS: 2 ABSTENTIONS: 0

**VII. ACTION ITEM – Housing and Community Development Services Board Letter – Marco De La Toba, Housing Program Analyst, Housing and Community Development Services**

On June 20, 2017, HHSA's Housing and Community Development Services (HCDS) is taking an item to the Board of Supervisors to request authorization to allocate rehabilitation funds to a North County housing project and to adopt a resolution authorizing application for and receipt of No Place Like Home (NPLH) funding from the State. Because of BHS's integral role in housing for persons with disabilities, the item is coming to the Behavioral Health Advisory Board for their review and support.

The Health and Human Services Agency's HCDS administers a variety of housing programs to provide the community with affordable housing options. HCDS utilizes a Notice of Funding Availability (NOFA) process to identify viable developments to fund that will increase, improve or preserve the community's supply of affordable housing resources.

HCDS recently released a NOFA and received one eligible response. This item requests allocation of up to \$326,000 in U.S. Department of Housing and Urban Development (HUD) HOME Investment Partnerships Program funding administered by HCDS for rehabilitation of an existing affordable housing development, Vista Las Flores Apartments, in the city of Carlsbad. The funding would preserve the affordable housing resource and extend the affordability period.

Additionally, this item requests that the Board adopt a resolution authorizing the County to apply for and receive up to \$150,000 in NPLH technical assistance grant funds from the State of California Housing and Community Development (State HUD).

The recently established NPLH seeks to provide local jurisdictions with funds to invest in the development of permanent supportive housing for persons who are in need of behavioral health services and are experiencing homelessness, chronic homelessness, or are at risk of chronic homelessness.

**It is, THEREFORE, staff's recommendation that the Board support the recommendations to: authorize allocation of HOME funds for the Vista Las Flores Apartments; adopt a resolution authorizing the County to apply for and receive State HUD NPLH grant funding; and authorize necessary technical and legal processes related to utilizing housing funding, issuing future NOFA solicitations, and awarding and amending those resulting contracts.**

**DISCUSSION:**

Clarification of HUD and NPLH funding sources was requested.

- HUD funds (\$326,000) are in reserve due to yearly HUD allocations made to the County.
- NPLH funds are earmarked by the State as part of Prop 63.

Concern was expressed that this is a use of MHSA funds in a way that was not intended.

- Mr. De LA Toba clarified that this is a sub-component of the NOFA and not part of the MHSA funding. The \$150,000 is not subject to the court validation process.

What is the purpose and source of the grant funds being applied for?

- \$150,000 is being requested to apply for a technical assistance program from the State.

Discussion included both support for this project and concern about the lack of low income housing for developmentally disabled individuals and for people receiving Supplemental Security Income (SSI) benefits.

ON MOTION of Richard McGaffigan, seconded by Colin MacKinnon, the BHAB voted to support the recommendations as outlined, with discussion as noted above.

AYES: 7   NAYS: 2   ABSTENTIONS: 2

**VIII. PRESENTATION – Update on Individuals with Serious Mental Illness Resistant to Treatment/ Laura's Law – Dr. Piedad Garcia, Deputy Director, Behavioral Health Services**

The Chair introduced Dr. Piedad Garcia, Deputy Director, Adult and Older Adult System of Care for Behavioral Health Services. Dr. Garcia presented a PowerPoint entitled: "Update on Individuals with Serious Mental Illness Resistant to Treatment: In Home Outreach Teams (IHOT) and Assisted Outpatient Treatment (AOT)." The presentation covered the following areas:

- IHOT Teams
- IHOT Demographics
- Characteristics of IHOT Participants
- IHOT Program Status (7/1/16-12/31/16)
- IHOT Key Outcomes ((7/1/16-12/31/16)
- Service Utilization Outpatient Visits
- Service Utilization PERT, EPU, Inpatient Admissions
- Understanding AOT/Laura's Law
- Referrals to AOT
- Two Paths to AOT
- AOT Program Services
- AOT Key Outcomes (7/1/16-12/31/16)
- Next Steps

**DISCUSSION:**

Questions related to patient rights, court orders, and conservatorship:

Are participants made aware of what will happen if they do not comply?

- Yes. The Patient Advocacy Office has created publications on patient rights and has made these available to the IHOT/AOT teams. In addition, patient advocates also have direct contact with participants to ensure they are aware of their rights.

Have there been any grievances reported?

- No.

Has there been any negotiation for non-compliance?

- No.

What steps will the County take when faced with someone requiring a court order?

- The County will follow the process of the law to ensure the needs of the client are being met.

Are there any court ordered or involuntary participants?

- Not in the County of San Diego. In other counties: Yes, there have been some at the AOT level of service to the conservatorship path due to decompensation.

Is there a pre-determined amount of time for participants to receive services related to treatment and medications?

- A treatment plan is developed, with participant involvement.

Clarification was requested on the IHOT program and Laura's Law.

- IHOT provides outreach and engagement services to individuals who are eligible, including homeless. IHOT have mobile outreach teams who meet with individuals at home or other preferred setting through referrals from family members, Sheriff, Public Defender, and recovery and advocacy organizations.
- Laura's Law is a court-ordered assisted outpatient treatment designed to bring assistance to those with serious mental illness who are resistant to treatment. The law was named after Laura Wilcox, working as a receptionist at a community mental health clinic who was killed by a patient who was struggling to accept treatment.

In reference to the categories under the IHOT Key Outcomes, there was a question about the follow-up process for those who initially accept the treatment but then avoid it, and whether or not another category should be added for these individuals.

- This scenario has occurred with some individuals who accept services to avoid going to court only to disappear later. There are a number of factors that can prevent them from being engaged in services, such as: simply changing their mind, ending up in a higher level of care, conservatorship or incarceration. In consultation with the Clinical Director, BHS is looking at these individuals to determine if a petition is needed for a compelled evaluation.
- The suggestion of an added category under the IHOT Key Outcomes is acknowledged.

How was the percentage of participants with a substance abuse problem determined and were specific substances tracked?

- This data element was determined upon entrance into the IHOT program and is based on self-report, knowledge from collateral, or prior service history. No drug screening is done to identify the substance abuse.
- Currently the tracking for specific substances is not being done.

Considering the amount of money spent annually for IHOT/AOT (\$3.2M) in comparison to the actual success rate, concern was expressed that an unwarranted amount of money is being spent on programs that are not reaching involuntary and high risk individuals, such as those in hospitals and jails. BHS will clarify costs per client in future reporting on this topic.

**IX. DIRECTOR'S REPORT – Dr. Michael Krelstein, Clinical Director, Behavioral Health Services**

- On behalf of Alfredo Aguirre, Behavioral Health Director, Dr. Krelstein reported that the following winners will be recognized at this year's Behavioral Health Recognition Dinner on June 9<sup>th</sup>:
  - Behavioral Health Program of the Year: Neighborhood House Association, Project Enable Geriatrics Specialty Program.
  - Behavioral Health Services Honoree: Yael Koenig, LCSW, Deputy Director for Children Youth and Families.
  - Behavioral Health Managed Care Plan Honoree: John Sturm, BHAB Member, Vice Chair.
  - Behavioral Health Program Manager of the Year: Daniel Melcher, Legal Aid Society, SSI Department.For BHAB members interested in attending, please see Phil Ainsworth for registration forms.
- Congratulations and farewell to Allison Williams, Administrative Secretary to Alfredo Aguirre, who has announced her retirement effective June 8<sup>th</sup>.
- Welcome to Alisanne Guido, new Principal Administrative Analyst, Adult/Older Adult System of Care.

**X. CHAIRPERSON'S REPORT – Phil Deming, Behavioral Health Advisory Board Chair**

- No BHAB meeting in July.
- BHAB Retreat scheduled in October; election of BHAB officers to follow.
- BHAB Bylaws Workgroup has received suggestions from the BHAB members and will meet next week to finalize.

**XI. ADVOCATE REPORTING**

- Jerry Hall reported on proposed legislation—SB 384 (Weiner)—that will allow local approval for bars to operate and sell alcohol until 4:00 a.m. This is a safety issue which can impact the safety of morning traffic commutes. Everyone was encouraged to voice their concerns.
- Dana Hamilton updated the group on the success of the May 20<sup>th</sup> mental health event which garnered community support and awareness.
- John Sturm thanked all local non-profits for all the work they do.

**XII. BOARD MEMBER ANNOUNCEMENTS**

- John Sturm reported on Leonard Memorial Fund raffle tickets available for those who are interested; \$1 each or 6 for \$5.

**XIII. MEETING ADJOURNMENT**

ON MOTION of John Sturm, seconded by Colin MacKinnon, the meeting adjourned at 5:01 p.m.  
AYES: All

**Brown Act Procedure:** *As required by California Government Code 54950 et seq. (Ralph M. Brown Act), a copy of the packet of information that was mailed to Behavioral Health Advisory Board members at the point of posting of this agenda has been placed at the reception desk at 3255 Camino Del Rio South, San Diego, CA 92108, for public inspection, and is available at the site of the meeting for public inspection. Members of the public wanting their own copy of the advance materials may request them under Government Code 6250 et seq. (Public Records Act) and receive them on payment of copying charges of \$0.20/page, and actual mailing charges, if mailing of the material is requested. If you are planning to attend and need special accommodations, you must call Jackson Alexander at (858) 505-6521, at least three days in advance of the meeting.*